

DOMESTIC WASTEWATER
DISCHARGE / ABNORMAL EVENT NOTIFICATION

GENERAL INFORMATION:

DATE : _____ TIME : _____ YEAR: _____ SITE EVENT #: _____
NAME OF PERSON REPORTING DISCHARGE /ABNORMAL EVENT: _____
EMPLOYEE OF UTILITY: _____ YES _____ NO IF YES, POSITION TITLE : _____
UTILITY NAME (if applicable) ; _____ TELEPHONE NUMBER : _____

GENERAL INFORMATION ABOUT THE DISCHARGE:

LOCATION OF DISCHARGE: _____
PATH (DIRECTION) OF FLOW: _____ AREA PUMP STATION (if applicable) : _____
TYPE OF WATER DISCHARGE (Please circle one only) :
RAW SEWAGE SECONDARY EFFLUENT REUSE OTHER (Please specify): _____
DID DISCHARGE GO TO (Please circle one only) :
PUBLIC ACCESS AREA STORM SEWER OTHER (Please specify): _____
DID DISCHARGE GO INTO SURFACE WATER : _____ YES _____ NO IF YES, DISTANCE FROM SPILL SITE (approx.): _____
TYPE OF WATER BODY: CANAL * LAKE * RIVER * OTHER: _____ NAME : _____
ESTIMATED QUANTITY OF SEWAGE RELEASED: _____ WEATHER CONDITIONS: _____

ACTION TAKEN:

ESTIMATED TIME DISCHARGE STARTED: _____ AM / PM DATE : _____
ESTIMATED TIME ACTION WAS TAKEN : _____ AM / PM DATE : _____
DISCHARGE FLOW STOPPED: _____ YES** _____ NO*
* IF YES, WHEN DID DISCHARGE STOP : _____ AM / PM DATE : _____
** IF NO, ESTIMATE TIME TO STOP : _____ AM / PM DATE : _____
SPILL CONTAINED : _____ YES _____ NO PUBLIC NOTIFIED : _____ YES _____ NO SIGNS POSTED : _____ YES _____ NO
AREA CLEANED / DISINFECTED : _____ YES _____ NO METHOD & WHEN: _____
DISCHARGE CAUSED BY: _____

AGENCIES NOTIFIED

DEP : DATE : _____ AT _____ AM / PM PERSON : _____ VIA: _____
DERM : DATE : _____ AT _____ AM / PM PERSON : _____ VIA: _____
DOH : DATE : _____ AT _____ AM / PM PERSON : _____ VIA: _____
WASD : DATE : _____ AT _____ AM / PM PERSON : _____ VIA: _____
OTHER: DATE : _____ AT _____ AM / PM PERSON : _____ VIA: _____

NOTE: Should Sewage enter into a body of water you are to fax the Spill Report to EPA and SFWMD.

EPA: DATE : _____ AT _____ AM / PM PERSON : _____ VIA: _____
SFWMD: DATE : _____ AT _____ AM / PM PERSON : _____ VIA: _____

FUTURE CONTACT PERSON: _____ Phone: _____

FORM COMPLETED BY: _____ OF: _____

FOR AGENCY USE ONLY

WRITTEN REPORT REQUESTED: _____ NO _____ YES DUE DATE : _____
NAME : _____ TITLE : _____ SIGNATURE : _____ DATE : _____